

2015 Stand Alone Dental Individual Marketplace Plans

Plan ID/ Form Schedue #	57601NH0420004		87701NH0070001	87701NH0090001	57601NH0400003		57601NH0420003		87701NH0080001	87701NH0100001
Issuer	Anthem		Delta Dental	Delta Dental	Anthem		Anthem		Delta Dental	Delta Dental
Plan Name	Anthem Dental Family Enhanced		Delta Dental Family High Plan	Delta Dental Pediatric High Plan	Anthem Dental Pediatric		Anthem Dental Family		Delta Dental Family Low Plan	Delta Dental Pediatric Low Plan
Metal Level	High		High	High	Low		Low		Low	Low
Product Type	PPO		PPO	PPO	PPO		PPO		PPO	PPO
Network Coverage	NHN001		NHN001	NHN001	NHN001		NHN001		NHN001	NHN001
	In-Network	Out-Of-Network			In-Network	Out-Of-Network	In-Network	Out-Of-Network		
Deductible	\$25		\$50	\$50	\$50		\$50		\$150	\$150
Max Out of Pocket- Individual/Family	\$350 / \$700	No Maximum	\$350 / \$700	\$350 / \$700	\$350 / \$700	No Maximum	\$350 / \$700	No Maximum	\$350 / \$700	\$350 / \$700
Dental Checkup for Children	No Charge after deductible	20% Coinsurance after deductible	\$15	\$15	No Charge after deductible	30% Coinsurance after deductible	No Charge after deductible	30% Coinsurance after deductible	\$30	\$30
Basic Dental Care-Child	20% Coinsurance after deductible	40% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible
Orthodontia-Child	50% Coinsurance after deductible		50%	50%	50% Coinsurance after deductible		50% Coinsurance after deductible		50%	50%
Major Dental Care-Child	50% Coinsurance after deductible		\$15 Copay and 50% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible		50% Coinsurance after deductible		\$30 Copay and 50% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible
Routine Dental Services- Adult	No Charge after deductible	50% Coinsurance after deductible	\$15	Not Covered	Not Covered		No Charge after deductible	50% Coinsurance after deductible	\$30	Not Covered
Basic Dental Care-Adult	20% Coinsurance after deductible	60% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	Not Covered	Not Covered		50% Coinsurance after deductible	75% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	Not Covered
Orthodontia-Adult	Not Covered		Not Covered	Not Covered	Not Covered		Not Covered		Not Covered	Not Covered
Major Dental Care-Adult	50% Coinsurance after deductible	75% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	Not Covered	Not Covered		70% Coinsurance after deductible	85% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	Not Covered